

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	2					
TOTAL DEP.	1	↓	↓	↓	↓	↓
TOTAL CLAIMS	1	████████	████████	████████	████████	████████

1	IND.	DEP.	1	IND.	DEP.	1	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.		↓	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS		████████	████████	████████	████████	████████	████████	████████